

SUMMARY OF RE-EVALUATION COMPONENTS

All Regular Faculty

Name _____ Status _____ Academic Year _____ Term _____

School/Department _____ Improvement Plan Written – Academic Year _____ Term _____

To be used when the FLM & peer committee agree.	
Ratings	Overall
Satisfactory	
Needs Improvement	
Unsatisfactory	

To be used ONLY when the FLM & peer committee cannot reach agreement on the overall rating or there is disagreement among the peer committee. Explanation must be provided <i>by the FLM and peer committee</i> as to why agreement was not reached on an overall rating.					
Ratings	FLM/ Designee	Peers			
		#1	#2	#3	#4
Satisfactory					
Needs Improvement					
Unsatisfactory					

Summary Comments (include all evaluation components) (attach more sheets if necessary)

Specific areas of needed improvement in written improvement plan.	Means of improvement	Resources available to the evaluatee.	Timeframe within which the improvement is to be accomplished.	Has the improvement been accomplished within established time frame(s)?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>

Commendations (attach more sheets if necessary)

Recommendations (attach more sheets if necessary)

Signature of Committee Members: (Augmented reevaluation team: same members from original team and augmented by two additional regular faculty team members. (Requires signature of the first-level manager or his/her designee.)

Peer	Printed Name	Signature	Date
Peer	Printed Name	Signature	Date
Peer	Printed Name	Signature	Date
Peer	Printed Name	Signature	Date
FLM Designee (if assigned)	Printed Name	Signature	Date
FLM	Printed Name	Signature	Date

Response of Evaluatee (attach more sheets if necessary)

Signature of Evaluatee: I have reviewed the evaluation materials and have discussed their contents with the committee. (Signature does not imply agreement with the contents of the evaluation.)

Printed Name _____ Signature _____ Date _____

Check List	<input type="checkbox"/> FLM Eval.	<input type="checkbox"/> Self-Eval.	<input type="checkbox"/> Peer Evals. (4)
Of Attached Forms	<input type="checkbox"/> Student Summary	<input type="checkbox"/> Material from 1 st Eval.	<input type="checkbox"/> Improv. Plan

Evaluatee must initial and date all attachments.